Case 1:03-md-01570-GBD-SN Document 388 Filed 08/19/04 Page 1 of 1

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Federal Insurance Co., et al DEFENDANT AlCaida, et al SERVE NAME OF INDIVIDUAL. COMPANY. CORPORATION. ETC TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONVAIL CHAIN Amin Shah \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Algaida, et al SERVE NAME OF INDIVIDUAL. COMPANY, CORPORATION. ETC TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CON Wali (Than Assin Shah than 1) (The Code) ADDRESS (Street or RFD. Apartment No City. State and ZIP Code) AT SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: J. Scott Tarbutton, Esq. Cozen O'Connor 1900 Market Street Philadelphia, MAP PA 19103 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresse
NAME OF INDIVIDUAL. COMPANY. CORPORATION. ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CON Wali (Chan Amin Shah \\ \\ \\ \\ \) \\ \ \ \ \ \ \ \ \ \ \
AT ADDRESS (Street or RFD. Apartment No City. State and ZIP Code) AT SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Cozen O'Connor 1900 Market Street Philadelphia, PA 19103 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addressed)
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: J. Scott Tarbutton, Esq. Gozen O'Connor 1900 Market Street Philadelphia, R.A. PA 19103 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses
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Telephone Numbers, and Estimated Times Available For Service): Fold
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Signature of Attorness of other Original requesting service on behalf of: TELEPHONE NUMBER DATE
☐ PLAINTIFF ☐ DEFENDANT 215-665-7255 6-2-04
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LI
I acknowledge receipt for the total Total Process District District Signature of Authorized USMS Deputy or Clerk Date
number of process indicated. of Origin to Serve
(Sign only first USM 285 if more than one USM 285 is submitted)
I hereby certify and return that I have personally served, have legal evidence of service. have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and correction then residing in the defer
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